

**MEDICAL RADIATION SAFETY OFFICER  
TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION**

**INSTRUCTIONS:** Before completing this form, review the specific training requirements of Title 10 of the Code of Federal Regulations (10 CFR), Part 35.50 (January 1, 2013 Edition) as adopted in Title 17 of the California Code of Regulations, Section 30195. All training and experience applicable to this application must have been obtained within 7 years of the date of this application, per 10 CFR 35.59. Mail completed and signed form, in duplicate, to: California Department of Public Health, Radiologic Health Branch, MS 7610, Licensing Section, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to <http://www.cdph.ca.gov/rhb> or phone (916) 327-5106.

**PART I.A.: Amendment Request to Add Radiation Safety Officer to Radioactive Materials License**

Please add: \_\_\_\_\_ as the Radiation Safety Officer (RSO) for all use authorizations on Radioactive Material License (RML) Number: \_\_\_\_\_.

Printed name of senior management and title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of senior management: \_\_\_\_\_

**PART I.B.: Amendment Request to Add Additional Authorizations for Radiation Safety Officer**

Please add the following use authorizations for the Radiation Safety Officer (RSO) for Radioactive Material License (RML) Number: \_\_\_\_\_:

**Specify all additional use authorizations requested (training in radiation safety, regulatory issues, and emergency procedures for the additional uses required):**

- 35.100 Use for uptake, dilution and excretion studies for which a written directive is not required.
- 35.200 Use for imaging and localization studies for which a written directive is not required.
- 35.300 Use for which a written directive is required.
- OR for specific radionuclides and uses under 35.300:
- Oral administration of sodium iodide I-131 in quantities less than or equal to 1.22 gigabecquerels (less than or equal to 33 millicuries) only.
- Oral administration of sodium iodide I-131 in quantities greater than 1.22 gigabecquerels (greater than 33 millicuries) only.
- Parenteral administration of any beta emitter, any photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required only.
- Parenteral administration of any other radionuclide, for which a written directive is required only.
- 35.400 Use of sources for manual brachytherapy.  
For specific radionuclides and uses under 35.400:
- Ophthalmic use of Strontium-90 for eye applicator.
- 35.500 Use of sealed sources for diagnosis.
- 35.600 for Remote afterloader unit (i.e., HDR)
- 35.600 for Teletherapy
- 35.600 for Gamma stereotactic radiosurgery unit (GSR)
- 35.1000 for other uses including, but not limited to, Beta-Cath™ IVB, Gliasite®, radioactive seed localization (RSL), Perfexion™ GSR, Epi-Rad90™, seedSelectron® and microspheres.

Printed name of RSO or senior management and title: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: Training and Experience**

**This part is to be completed for the training and experience of the PROPOSED RADIATION SAFETY OFFICER:**

**1.) Have you been listed on a California Radioactive Material License (RML) within the last 7 years as a Radiation Safety Officer (RSO) for all authorization(s) requested in Part I?**

- YES: provide the RML Number: \_\_\_\_\_. No further information is required on this form.  
 NO: proceed to **Number 2 below**.

**2.) Have you been listed on a Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an RSO for authorization(s) equivalent to all those requested in Part I?**

- YES: provide a complete signed copy of the license or permit. No further information is required on this form.  
 NO: proceed to **Number 3 below**.

**3.) Have you been listed on a California Radioactive Material License, Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an RSO for any authorization?**

- YES: provide the California RML Number: \_\_\_\_\_ or provide a complete signed copy of the license or permit then proceed to **Number 8**.  
 NO: proceed to **Number 4 below**.

**4.) Have you been certified by any of the RSO Specialty Boards recognized by the NRC within the last 7 years?**

**SPECIALTY BOARD MUST BE LISTED ON THE NRC RECOGNIZED CERTIFICATION LIST** available here: <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>. Contact RHB at (916) 440-7976 if link does not work.

- YES: provide a copy of the certificate and proceed to **Number 8**.  
 NO: proceed to **Number 5 below**.

**5.) Have you been certified by any of the Medical Physicist Specialty Boards recognized by the NRC within the last 7 years?**

**SPECIALTY BOARD MUST BE LISTED ON THE NRC RECOGNIZED CERTIFICATION LIST** available here: <http://www.nrc.gov/materials/miau/med-use-toolkit/spec-board-cert.html>. Contact RHB at (916) 440-7976 if link does not work.

- YES: provide a copy of the certificate and proceed to **Number 8**.  
 NO: proceed to **Number 6 below**.

**6.) Are you currently listed as an Authorized User (AU), Authorized Medical Physicist (AMP) or Authorized Nuclear Pharmacist (ANP) on any RML with experience in the radiation safety aspects of the use authorization(s) requested?**

- YES: provide the RML Number: \_\_\_\_\_ or provide a complete signed copy of the license or permit and proceed to **Number 8**.  
 NO: If you have been listed on a California Radioactive Material License within the last 7 years as an AU, AMP or ANP for authorizations other than those requested on Page 1, provide the RML Number: \_\_\_\_\_<sup>†</sup> then proceed to **Number 7**.

If you have been listed on a Master Materials License, NRC or Agreement State License/Permit within the last 7 years as an AU, AMP or ANP for authorizations other than those requested on Page 1, provide a complete copy of the License/Permit then proceed to **Number 7**.

<sup>†</sup> Provide RSO authorization letters for any broad scope RML/license/permit, as applicable and complete signed copies of any non-California license/permit referenced.

**7.) Provide the following information in Tables a.) and b.) below, then proceed to Number 8:**

a.) Classroom and laboratory training applicable to the use(s) requested in the following areas:

Subject Area	Total Hours
Radiation physics and instrumentation	
Radiation protection	
Mathematics pertaining to the use and measurement of radioactivity	
Radiation biology	
Radiation dosimetry	
<b>Total combined hours of classroom and laboratory training</b>	

b.) Work experience under supervision of an authorized RSO on a California, NRC or Agreement State License or Permit for the authorization(s) requested involving the following:

Subject Area	Total Hours
Shipping, receiving and performing related surveys	
Using and performing checks for proper orientation of instruments used to determine the activity of dosages, survey meters and instruments used to measure radionuclides	
Securing and controlling radioactive materials	
Using administrative controls to avoid mistakes in the administration of radioactive material	
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	
Using emergency procedures to control radioactive material	
Disposing of radioactive material	
<b>Total combined hours full-time supervised radiation safety experience</b>	
<b>Supervising Individual:</b>	<b>License or Permit Number<sup>†</sup>:</b>

**8.) Provide information regarding the supervising RSO, AU, AMP and/or ANP who provided the training in the radiation safety, regulatory issues, and emergency procedures required by 10 CFR §35.50(e) as applicable, then proceed to Part III Preceptor Attestation:**

Supervising individual: \_\_\_\_\_

Location of experience/facility name and dates: \_\_\_\_\_

License/Permit Number on which the supervising individual is listed as RSO, AU, AMP and/or ANP for the authorizations requested: \_\_\_\_\_<sup>†</sup>

<sup>†</sup> Provide RSO authorization letters for any broad scope RML/license/permit, as applicable and complete signed copies of any non-California license/permit referenced.

**PART III: Preceptor Attestation**

**This part is to be completed by the PRECEPTOR RADIATION SAFETY OFFICER:**

**I hereby attest that the proposed Radiation Safety Officer (RSO) has satisfactorily completed the applicable training requirements of 10 CFR 35.50 (January 1, 2013 Edition), as adopted under Title 17 of the California Code of Regulations, Section 30195, for the use(s) requested, and has achieved a level of competency sufficient to function independently as RSO.**

**I hereby attest that I am a RSO on a California Radioactive Material License, Master Materials License or NRC/Agreement State license/permit for the use(s) requested.**

Printed name of Preceptor Radiation Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Preceptor Attestation not valid without original signature)

Telephone Number: \_\_\_\_\_

License/Permit Number preceptor is listed as RSO for the use(s) requested:

CA Radioactive Material License: \_\_\_\_\_.<sup>†</sup>

Master Materials License, NRC or Agreement State license/permit: \_\_\_\_\_.<sup>†</sup>  
Provide a complete copy of that license/permit.

<sup>†</sup> **Provide RSO authorization letters for any broad scope RML/license/permit, as applicable and complete signed copies of any non-California license/permit referenced.**